**IMPAACT Early Career Investigator Application**

Submit the completed application to the IMPAACT Operations Center for consideration by the Network using this email address: impaact.earlycareer@fstrf.org. Upon receipt, the Operations Center will contact you to provide information concerning the next steps.

**Proposal Submitted by:** [Name, institution, and email address]

**Date submitted:**

**Title of Proposed Investigation:**

**Demographic Information:**

Nationality:

Gender (self-identified):

Date of Birth:

US Only: Race/Ethnicity (select your primary self-identification)

[ ] American Indian or Alaskan Native

[ ] Asian

[ ] Black, African American, Afro-Caribbean

[ ] Hispanic, Latina/o/e

[ ] Native Hawaiian or Other Pacific Islander

[ ] White or Caucasian

[ ] Other Racial/Ethnic Self-Identification (please specify):

**Project Proposal (Max. 1000 words)**

* **Background/Rationale:**
* **Objectives:**
* **Hypothesis:**
* **Design and Methods:** Include outline of data analysis plan for each objective, and power calculations, if appropriate. Identify specific variables and associated CRF(s) required for the analysis.
* **Laboratory Samples Required:** Identify where required samples currently reside (i.e., CRS, repository); the number of samples required by sample type (i.e., serum, plasma); sample time points per protocol; and the statistical rationale for these requirements.

**Relevant IMPAACT studies:** List all IMPAACT studies that are pertinent to the research questions and from which data and/or specimens will be used.

**Data Management and Analysis Support:** Identify the responsible parties for both data management and analysis (e.g., IMPAACT Statistical and Data Analysis Center (SDAC), drug company, Clinical Research Site/Clinical Trials Unit)

**Indicate whether the Specimen Repository Website** ([www.specimenrepository.org/home.html](http://www.specimenrepository.org/home.html)) **was used to identify specimens for this project:**

Yes \_\_\_ No \_\_\_

**Laboratory Testing:** Identify the laboratory(ies) that will perform the assays.

**Timeline for Completion:**

**External Support, Collaboration, and/or Funding:** [If external support, collaboration, and/or funding are anticipated, please describe.]

**Letters of Support:**

1. **Mentor** - Name, Degrees, Title, Email:
2. **Supervisor/Mentor from Home Institution** - Name, Degrees, Title, Email:

**Appendices:**

1. **Curriculum vitae**
2. **Budget:** Specify the estimated costs that is being requested (assay costs, personnel costs, shipping costs, etc.) and any costs to be covered by other sources and the status of the external funding.
3. **Letters of Support**
4. **References**